

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43683

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **Isolation Hospital - 5600 Arsenal St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4930 Wrenn** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 21, 1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **hill**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Frank Mazurek**

14. BIRTHPLACE (CITY OR TOWN) **Poland**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Paula Sudzinski**

16. BIRTHPLACE (CITY OR TOWN) **Poland**
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Mrs. Barry 5600 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Cemetery** DATE **12/28/37**

19. FUNERAL DIRECTOR (ADDRESS) **CENTRAL UND. CO. 1841 Cass**

20. FILED **12-27-37** **J. T. Bredich**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 24, 1937 to Dec. 25, 1937**

I last saw him alive on **Dec 25, 1937** Death is said to have occurred on the date stated above, at **8400**

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset **12-20**

Streptococcal Sore Throat **12-20**

Other contributory causes of importance:

Name of operation **none** Date of

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **Henry J. Uhlir**, M. D.

(Address) **5600 Arsenal**

Central

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Guy W Wilkinson

Licensed Embalmer No.

3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)